





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

application of:

Callaway et al.

Docket No.: 9417.17685-DIV

Serial No .:

10/767,673

Examiner: C. Miller

Filed:

29 January 2004

Group Art Unit: 3738

For:

Adjustable Bone Prostheses and Related Methods

Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

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2.	٠,	Μ	ν,	••	UU		,,	10

[x] a small entity

other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United State Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed as follows: Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

Linda S. Wenzel

Date: 7 February 2005

(Signature of person mailing paper)

03/01/2005 FMETEKI1 00000029 10767673

01 FC:2252

225.00 OP

EXTENSION OF TERM

		EXTENSION OF TERM			
NOTE:	"Extension of Time in Patent Cases (Supplement Amendments) - If a timely and complete response has been filed after a Non-Final Office Action, an extension of time is not required to permit filing and/or entry of an additional amendment after expiration of the shortened statutory period.				
	a Notice of Appeal or filing a the timely-filed response place	nd/or entry of an additional amendment after	on of time is required to permit filing and/or entry of r expiration of the shortened statutory period unless Of course, if a Notice of Appeal has been filed within December 10, 1985 (1061 O.G. 34-35).		
NOTE:	See 37 CFR 1.645 for extereexamination proceedings.	nsions of time in interference proceedings	s and 37 CFR 1.550(c) for extensions of time in		
3.	The proceedings here	ein are for a patent application and	d the provisions of 37 CFR 1.136 apply		
		(complete (a) or (b) as applica	able)		
		ant petitions for an extension of ti)(1) - (a)(5)) for the total number (me under 37 CFR 1.136 (fees: 37 CFR of months checked below:		
[] [x] [] []	Extension (months) one month two months three months four months five months	Fee for other than Small Entity \$ 120.00 \$ 450.00 \$1020.00 \$1020.00 \$1590.00 \$2160.00	Fee for <u>Small Entity</u> \$ 60.00 \$ 225.00 \$ 510.00 \$ 795.00 \$1080.00		
		Fee: \$ 225.00			
	If an additional extens	ion of time is required please con	sider this a petition therefor.		
	(ch	eck and complete the next item, it	f applicable)		
	therefor of \$ _	ow requested.	Iready been secured and the fee paid m the total fee due for the total months		
	Extension fee	due with this request: \$			

OR

(b)

[]

Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

ee for claims has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate	Additional Fee (Small Entity)	Additional Fee (Large Entity)
Total Claims 37 CFR 1.16(i)*	4	-20 =	(16)	x \$ 25.00	\$0	\$0
Independent Claims (37 CFR 1.16(h)**	1	-3 =	(2)	x \$ 100.00	\$0	\$0
First Presentation of Multiple Dependent claim(s) if any (37 CFR 1.16(j))				\$180.00	. \$0	\$0
Total Additional Fee					\$0	\$0

If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

"After final rejection or action (S 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 CFR S 1.116(a) (emphasis added). WARNING:

(complete (c) or (d) as applicable)

			(complete (c) or (d) as applicable)
	(c)	[x]	No additional fee for claims is required.
			OR
	(d)	[]	Total additional fee for claims required \$
			FEE PAYMENT
5.	[x]	Attach	ed is a check in the sum of \$_225.00
	[]	Charge	e Account No the sum of \$

FEE DEFICIENCY

NOTE:

If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. [x] If any overpayment of fees or additional extension and/or fee is required, charge Account No. ____06-2360.

AND/OR

Milwaukee, Wisconsin 53226

[x]	If any overpayment of fees or additio 06-2360	ment of fees or additional fee for claims is required charge Account No _		
		Patricia a Sumbach		
		SIGNATURE OF ATTORNEY		
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-	•	TYPE OR PRINT NAME OF ATTORNEY		
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